

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69007	9/19/99
O.I.P.E. CLASSIFIER			10/14
FORMALITY REVIEW	W/N	671479	10-13-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

1-4-99

Claim	Date
Final	
Original	4 10 2 3 1 4 12 20 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
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Claim	Date
Final	
Original	3 8 4 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 300
53	✓ ✓
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56	✓ ✓
57	✓ ✓
58	✓ ✓ ✓
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Claim	Date
Final	
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If more than 50 claims or 10 actions  
staple additional sheet here